

NOV 6 1943

Registration District No. 133

Primary Registration District No. 5490

State File No.

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town New Hampton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home New Hampton Rural White Oak
(If not in hospital or institution, write street number or location) Swamp
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Enloe Life
years, months or days)

3. (a) PRINT FULL NAME SIMON PERCY FUNK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Susie Funk 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 4 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day hr. _____ min. _____

9. Birthplace New Hampton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Funk
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Louise Hann
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Susie Funk

(b) Address New Hampton

17. (a) Burial (b) Date thereof Sept 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton Mo

19. (a) Oct 5 1943 (b) Zola M. Bennis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town New Hampton Rural White Oak
(If outside city or town limits, write "RURAL")
(d) Street No. One and 1/2 mile NE of New Hampton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1943 to Sept 12 1943
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. N. Barger (M. D. or other) _____

Address Rocky Hill Date signed 10-1-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. A. Mahle*.....

Licensed Embalmer No. *2904*

P. O. Address *New Hampton Ind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.